

# **EVALBRIEF: SYSTEMS OF CARE**

May 2005 Volume 6, Issue 8

## The Clinical and Psychosocial Characteristics of Children Referred Into System-of-Care Services With Histories of Physical and Sexual Abuse

### Introduction

This study examined data collected as part of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program (CMHS, 2001; Holden, Friedman, & Santiago, 2001) to understand the clinical indicators and psychosocial characteristics of children with histories of varying types of child abuse (none, physical, sexual, both physical and sexual). The relationships between child abuse history (none, physical abuse only, sexual abuse only, physical and sexual abuse) and demographic characteristics, child problem behaviors, child functional impairment, and family risk factors were also investigated. The clinical characteristics of children with varying histories of abuse are likely to have broad implications for treatment access and planning. This may be especially true for children with a history of multiple types of abuse.

## **Background**

The most recent National Child Abuse and Neglect Data System reported that 2.3 children per 1,000 were physically abused and 1.2 children per 1,000 were sexually abused in 2002 (USDHHS, 2004). Furthermore, the increased likelihood of experiencing a second type of abuse (e.g., physical) once the first has been experienced (e.g., sexual) has been documented empirically (Bolger & Patterson, 2001; Garnefski & Diekstra, 1997; Manly, Cicchetti, & Barnett, 1994; Walrath et al., 2004).

Of particular concern is that the presence of more than one type of abuse may have severe impact on child development (Bolger & Patterson, 2001). For example, children with self-reported histories of both physical and sexual abuse have been shown to exhibit more emotional problems, thoughts or acts of suicide, aggressive behavior, and addiction/risk behavior than children who have experienced sexual abuse only (Garnefski & Diekstra, 1997). Similarly, children with documented histories of both physical and sexual abuse have demonstrated more

### **Study Highlights**

- The psychosocial and clinical characteristics associated with children with histories of child abuse who were referred into service in 1 of the 45 system-of-care communities funded between 1997 and 2000 were studied.
- ➤ The relationships between child abuse history (none, physical abuse only, sexual abuse only, physical and sexual abuse) and demographic characteristics, child problem behaviors, child functional impairment, and family risk factors were investigated.
- Over one-third of the children entering these systems of care had a history of some type of child abuse, with between 10% and 15% experiencing each subtype (i.e., physical, sexual, or both).
- While child abuse history of any kind, when compared to no history of abuse, was associated with increased levels of problem behavior and family risk factors, children with a reported history of both physical and sexual abuse had the most troubling constellation of characteristics.
- > Effective mental health interventions exist for children who have been traumatized by either physical or sexual abuse; however, the field of mental health must move to advance the evidence base to determine whether these same interventions, or others, are appropriate for children who have experienced both physical and sexual abuse.

problem behaviors than those with only sexual abuse histories (Manly, Kim, Rogosch, & Cicchetti, 2001).

Recent literature also indicates the disturbingly low level of specialty service use among children with reported histories of abuse (e.g., Burns et al., 2004; Kolko, Baumann, & Caldwell, 2003), which emphasizes the difficulties associated with access to effective and appropriate services for these children. Understanding the clinical and psychosocial characteristics unique to children with varying histories of abuse, particularly those who have suffered multiple types of abuse, has important implications for treatment development, access, and planning.

#### **Method**

Data in the current study were collected as part of the national evaluation between 1997 and 2003 from 45 communities initially funded between 1997 and 2000. A subset of children with abuse history data who satisfied two criteria was included within the current study sample, specifically, availability of (a) demographic information, and (b) data relevant to the study. Accordingly, a total of 4,358 children had complete data on sex, age, household income, and race/ethnicity and also had 85% or more complete data across 15 study variables of interest.

First, sex, age, household income, and race/ethnicity were use to impute (or estimate) missing values. Subsequently, the relationships between abuse history and demographic characteristics, child and family behaviors and risk factors, and child behavior and functioning were explored in an effort to identify relationships unique to the presence and variations in type of child abuse. These findings are included in Table 1 and summarized below.

#### Figure 1 Caregiver Report of Child Abuse History 100% 80% 60% Percent 36.5% 40% 14.5% 20% 11.8% 10.2% 0% Any Abuse Physical Abuse Sexual Abuse Physical and Sexual Abuse Caregiver Report of Child Abuse n = 4.358.

## **Findings**

### **Child Abuse History**

There were four mutually exclusive abuse history groups included in the study sample: no abuse history, physical abuse history, sexual abuse history, and multiple abuse history (comprised of children with reported histories of both physical and sexual abuse). Over one-third (36.5%) of the children in the current study sample had lifetime histories of child abuse reported by their caregivers. Specifically, 14.5% had histories of physical abuse, 10.2% of sexual abuse, and 11.8% of multiple abuses (see Figure 1).

### **Demographic Information**

While only 32% of the study sample was female, nearly half of the children with a reported history of sexual abuse (53%) and with a history of both physical and sexual abuse (49%) were female. Conversely, only 23% of children with a reported history of physical abuse and 27% of those with no reported abuse history were female. The majority of children across the four abuse categories were White. African-American children were less likely to have a history of abuse. Finally, all four abuse categories were similar with regard to age and household income.

## Child and Family Behaviors and Risk Factors

The majority of child and family characteristics distinguished between types of abuse categories. Overall, more children with a history of physical and sexual abuses had child or family behavior problems and/or risk factors

compared to all other children. For example, 25% of children with a history of both physical and sexual abuse also had a history of being sexually abusive, compared to 14% of children with a history of only sexual abuse, 6% of children with a history of only physical abuse, and 4% of children with no abuse history. In addition, nearly one-third (31.3%) of children who had experienced both physical and sexual abuse had attempted suicide as compared to onequarter or fewer in the other abuse categories.

Table 1
Child and Family Characteristics as a Function of Child Abuse History

	No Abuse ( <i>n</i> = 2,766)	Physical Abuse (n = 633)	Sexual Abuse ( <i>n</i> = 444)	Physical and Sexual Abuse (n = 515)	Statistical Comparison
Demographic Characteristics					
Female	27.4%	22.8%	53.2%	48.5%	$\chi^2 = 208.8$ , $df = 3$ , $p < .001$
Age [Mean (SD)]	12.2 (3.1)	12.3 (3.0)	12.5 (3.0)	12.5 (3.0)	F = 1.04, $df = 13/4,344$ , $p = n.s$ .
Race/Ethnicity	E4 00/	60.70/	60.70/	00.00/	$\chi^2 = 94.2$ , $df = 12$ , $p < .001$
White African-American	51.3% 26.6%	62.7% 16.3%	63.7% 17.6%	66.0% 14.4%	
	26.6% 8.2%	6.2%	17.6% 5.6%	14.4% 5.4%	
Hispanic Multiracial	6.2% 7.9%	9.6%	5.6% 7.2%	9.3%	
All Other	6.0%	5.2%	7.2 % 5.9%	4.9%	
Household Income At/Below Poverty	46.4%	45.3%	49.3%	42.9%	$\chi^2 = 4.2$ , $df = 3$ , $p < \text{n.s.}$
,	10.170	10.070	10.070	12.070	$\chi = 4.2, ui = 5, p < 11.3.$
Child Behavior Problems (lifetime)					2
Running Away	29.5%	41.1%	40.8%	48.4%	$\chi^2 = 94.0$ , $df = 3$ , $p < .001$
Suicide Attempt	12.6%	19.8%	25.9%	31.3%	$\chi^2 = 138.7$ , $df = 3$ , $p < .001$
Substance Use	16.7%	19.8%	23.9%	25.2%	$\chi^2 = 29.7$ , $df = 3$ , $p < .001$
Sexually Abusive	3.8%	6.3%	13.7%	24.5%	$\chi^2 = 290.3$ , $df = 3$ , $p < .001$
Family Risk Factors (lifetime)					
Substance Abuse	59.4%	79.9%	73.2%	84.7%	$\chi^2 = 200.3$ , $df = 3$ , $p < .001$
Domestic Violence	41.2%	75.8%	47.8%	77.9%	$\chi^2 = 413.5$ , $df = 3$ , $p < .001$
Mental Illness in Family	52.4%	71.4%	63.6%	73.6%	$\chi^2 = 138.2$ , $df = 3$ , $p < .001$
Child Behavior and Functioning					
(previous 6 months)					
Functioning Impairment (CAFAS	63.3%	69.7%	69.6%	70.5%	$\chi^2 = 19.9$ , $df = 3$ , $p < .001$
marked or severe)	00.070	00.1 70	00.070	7 0.0 70	χ τους ω τη τους
Clinical Range on CBCL					
Externalizing Problems	74.3%	82.6%	78.6%	85.4%	$\chi^2 = 44.6$ , $df = 3$ , $p < .001$
Internalizing Problems	55.1%	68.1%	66.2%	72.4%	$\chi^2 = 84.9$ , $df = 3$ , $p < .001$
n = 4,358.					

While reported history of caregiver substance abuse was frequent across abuse categories, children with a history of both physical and sexual abuse had an excessively high 85% of parental substance abuse compared to 60% of children with no history of abuse. Children with reported histories of physical and sexual abuse were much more similar to children with histories of physical abuse regarding their history of domestic violence and mental illness in the family.

## **Child Behavior and Functioning**

Child behavior and emotional problems were assessed using the Internalizing and Externalizing Scales of the Child Behavior Checklist (CBCL; Achenbach, 1991), and functioning was assessed using the total impairment score of the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 2000).

Similar to the findings associated with child and family behaviors and risk factors, children who had reported histories of both physical and sexual abuse demonstrated higher levels of behavior problems and functional impairment. For example, 72% of children with histories of both physical and sexual abuse had clinically significant internalizing behavior problems and 85% had clinically significant externalizing problems, as compared to 56% and 74%, respectively, of children with no abuse history. In addition, while children with histories of abuse were similar to one another with regard to their functional impairment, a higher percentage of children with histories of abuse were marked or severely impaired (approximately 70%) as compared to children with no abuse history (63%).

#### **Lessons Learned**

The prevalence of specific subtypes of child abuse among children entering services in this subset of federally funded systems of care ranged from approximately 10% to 15%. Over one-third of this sample manifested a history of some type of abuse, either physical abuse, sexual abuse, or both.

- The clinical and psychosocial characteristics associated with the lifetime experience of both physical and sexual abuse appear to be a negatively intensified blend of those experienced by children with histories of either physical or sexual abuse alone. These children were not only traumatized by the physical and sexual abuse they experienced, but they were also more likely to be sexually abusive, run away, use substances, and attempt suicide. In addition, they also had high rates of reported lifetime exposure to domestic violence and substance abuse among family members, as well as high rates of clinical levels of problem behavior and functional impairment.
- The findings from the current study emphasize the importance of identifying children entering services with histories of both sexual and physical abuse, as this may be an indictor of clinically relevant individual and family challenges. While effective treatments exist for children who have experienced either physical or sexual abuse (e.g., Cohen, Mannarino, Zhitova, & Capone, 2003; Kolko, 1996), the children's mental health field must advance the evidence base to determine the extent to which these existing interventions are adequate for children with both physical and sexual abuse histories. Once appropriate interventions are established, increasing availability, capacity, and access to these treatment modalities will be critical.

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